	233582 }		
STATE OF SOUTH CAROLINA)	BEFORE THE 233583		
(Caption of Case)	PUBLIC SERVICE COMMISSION		
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	OF SOUTH CAROLINA		
Request for Change of Name	TRANSPORTATION COVER SHEET		
from Briannas Airport Shuttle	DOCKET 2005-11-T		
to most warter transportation	NUMBER: 2 <u>008</u> - <u>439</u> - <u>T</u>		
LLC on taxiant charter	If this is your first time filing an application with the PSC, you will not		
certificate	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned		
	and should be entered above.		
(Please type or print) Submitted by: Brian Badenack	Telephone: 843 270 6775		
Address: 1227atty Crok C.	Fax: Other:		
Dimmerville-SC 29483	Email: CHSTAXIEGMAL COM		
NOTE: The cover sheet and information contained herein neither replace	ces nor supplements the filing and service of pleadings or other papers		
as required by law. This form is required for use by the Public Service be filled out completely.	Commission of South Carolina for the purpose of docketing and must		
NATURE OF ACTIO	N (Check all that apply)		
Application – Class C Taxi	Request to Amend Scope of Authority		
Application – Class C Charter	Request to Amend Tariff (rate increase, etc.)		
Application – Class C Charter Bus	Request to Amend Passenger Limit		
Application – Class C Non-Emergency	Request		
Application – Class E Household Goods	Exhibit		
Application – Class E Hazardous Waste	Late-Filed Exhibit		
Application	Letter		
Request for Extension to Comply with Order	Proposed Order		
Request for Order Granting Authority to Obtain Certificate Public Convenience and Necessity to Be Rescinded	of Publisher's Affidavit		
Request for Cancellation of Certificate	Reservation Letter		
Request for Suspension	Response		
Request for Reinstatement	Return to Petition		
Request for Name Change on Certificate	Other:		

CLASS C AMENDMENT FORM Mail or fax a copy to: File the original with: S.C. Office of Regulatory Staff **Public Service Commission of South Carolina Transportation Department** Clerk's Office 1401 Main Street, Suite 900 **Motor Carrier Matters** Columbia, S.C. 29201 P.O. Box 11649 (803) 737-0578 Columbia, S.C. 29211 FAX (803) 737-0815 (803) 896 - 5100 FAX (803) 896-5199 DATE: I have the following Certificate: Class C Taxi # 2005-11- Class C Charter # 2008-439 Class C Non-Emergency #_____ Please consider this as my request for the following amendment(s) to my Certificate: **Name Change** From: Brian Badenock DBA: Briannas Airport Shuttle (Current Name) (Current DBA if applicable) TO: DBA: Current DBA if applicable) (New DBA if applicable) **Scope of Authority** To: _____ From: (New Scope) (Current Scope) **Passenger Limit** (New Limit Number) (Current Limit Number) (City, State, Zip Code)

(Title) Owner, President, etc.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MOST WANTED TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 1st, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 10th day of November, 2§11.

Mark Hammond, Secretary of State

CERTIFIED TO SE A TRUE AND CORRECT COPY

AS TAKEN FROM AND COLL HARED WITH THE

DRIGINAL ON FILE IN THIS OFFICE

NOV 0 9 2011

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION SECRETARY OF STATE OF SOUTH CARCLIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1.	The Care	name of the limited liability company which complies with Section 33-44-105 of the South colina Code of 1976, as amended is
2.	The	address of the initial designated office of the Limited Liability Company in South Carolina is
		122 Tably Creek Circle Street Address
		Summerville SC 29483
3.	The	initial agent for service of process of the Limited Liability Company is
	Name	Srian Basenock - BNOal
	and t	the street address in South Carolina for this initial agent for service of process is
		122 Talyer Creek Cocke
		Street Address
		SUMMERVILL SC 29485
4.	The n	name and address of each organize <u>r is</u>
	(a)	- Brian Badenock
		122- Table Creek C.r Summerule
		Street Address City O9467 O12 270 500
		State 2948 S 843 270 0775
	(b)	Name
		Name
		Street Address City
		State Zip Code
		(Add additional lines if necessary)
5.	[]	Check this box only if the company is to be a term company. If so, provide the term specified:

111110-0062 FILED: 11/09/2011
MOST WANTED TRANSPORTATION LLC
Filing Fee: \$110.00 ORIG

6.	[]	Check this box only if management of the limited or managers. If this company is to be managed address of each initial manager.	
	(a)	Name	· · · · · · · · · · · · · · · · · · ·
		Street Address	City
		State	Zip Code
	(b)	Name	
		Street Address	City
		State	Zip Code
	(c)	Name	
		Street Address	City .
		State	Zip Code
	(d)	Name	
		Street Address	City
		State	Zip Code
		(Add additional lines if necessary)	
7.	ľ X I	Check this box only if one or more of the members debts and obligations under section 33-44-303(c), specify which members, and for which debts, oblig liable in their capacity as members.	If one or more members are so liable.
		Brian Badenock 15 Debts and Liabilities	s liable for all
		Debts and Labilities	

8.	Unless a delayed effective date is specified, these articles will be effective when endorsed for filling by the Secretary of State. Specify any delayed effective date and time:
9.	Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10.	Signature of each organizer Date
	(Add Additional lines if necessary)

FILING INSTRUCTIONS

- 1. File two copies of this form, the original and either a duplicate original or a conformed copy.
- If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
- This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State P.O. Box 11350

P.O. Box 11350 Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.